

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone: 812-948-4726 XWZ

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24 Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

						
Establishme	ent Name ITI DY) <i>f</i>	trmy	Telephone Number 912-944-1018	Date of Ins (mm/dd/yr	9 19-
Establishment Address (number and street, city, state, zip code) 2300 Greenvalley Rd New Albany IN 4750				Ulor 117	8-20	19 32
Owner		• •	ALL A STATE OF A LINE OF A STATE	Purpose:	Follow-u	p Release Date
Owner's Address				2. Follow-up		of Violations:
Person in C		-111		Complaint Pre-Operational	$_{\mathrm{c}} \mathcal{D}$	$_{\rm NC}$ $_{\rm R}$
Responsible	<u>' </u>	U/ E-ma		5. Temporary	7	pe (See back of page)
	· 			6. HACCP		
Certified Food Manager				7. Other (list)	12	345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
• VIOLATIC Section#	C/NC	R	Narrative	MMARY OF VIOLATIONS" AN	DINTHER	To Be Corrected By
297	NC		Observed mildew/build	up in bulk	ica	2 Days
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Received by (name and title printed): Social Worker Sarah R. Drury Tyler WIKUSON, EHS						
Received by (signature): Inspected by (signature): TWO WILLIAM						
CC: 20	- m	<u></u>	cc:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	cc:	<u> </u>